



# Kytherian Association of Australia

ABN 36 000 263 954

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Tel: +61 2 9599 6998

[www.kytherianassociation.com.au](http://www.kytherianassociation.com.au)

## MEMBERSHIP RENEWAL 2022

All renewals must be paid by 31 March 2022. If membership is paid after this date, then as stipulated in our current Constitution, your application will be treated as a New Membership application and a New Membership Application form needs to be completed.

I/we, the undersigned would like to renew our membership of the Kytherian Association of Australia. I/we agree to be bound by the Constitution of the Kytherian Association of Australia and any Rules, Regulation or By-Laws of the Kytherian Association from time to time that are enforced.

**Membership Number:**

<b>Family</b> (more than one person per household, entitled to 2 votes)	Residing in Australia	<b>\$60</b>	
<b>Family</b> (more than one person per household, entitled to 2 votes)	Residing outside Australia	<b>\$75</b>	
<b>Family 5 year membership</b> (pay for 4, get 5 yr membership) <i>*not available for overseas members</i>	Residing in Australia	<b>\$240</b>	
<b>Single Person</b>	Residing in Australia	<b>\$35</b>	
<b>Single Person</b>	Residing outside Australia	<b>\$50</b>	
<b>Single 5 year membership</b> (pay for 4, get 5 yr membership) <i>*not available for overseas members</i>		<b>\$140</b>	

### Member 1:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

*\*please provide email and mobile so that you can be included in electronic communications*

### Member 2:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

*\*please provide email and mobile so that you can be included in electronic communications*

**Address:** \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Subscription payment (Please Circle amount paid)**

**Family Rate \$60 / \$75 /\$240**

(Aust / Overseas) (more than one person per household)

**Single Rate: \$35 / \$50 /\$140**

(Aust / Overseas)

Signatures of Applicant/s: \_\_\_\_\_ Dated: \_\_\_\_\_

**Would you like to receive a membership card Yes / NO**

**Form of payment (Please tick)**

**Cheque:**

**Credit Card:**

(Mastercard/Visa only)

Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_ CCV \_\_\_\_

Cardholder's Name (as shown on card). \_\_\_\_\_ Signature (as shown on card) \_\_\_\_\_

**Trybooking :**

[www.trybooking.com/BVKIB](http://www.trybooking.com/BVKIB)

or use QR code link



Donations of \$2.00 or more are Tax Deductable.

**Donation to Kythcare**

No thank you  Yes I would like to donate, PLEASE ADD \$ \_\_\_\_\_ to my Renewal

Please indicate below if you would like to join any of the sub-committees listed below:

Kytherian 4WD & Recreation Club		Kytherian Ladies Auxiliary	
Kythcare (Aged Services)		Kytherian Soccer	
Kytherian Wine Klub - KAWK		Kytherian Young Family Group (KYFG)	
Kytherian World Heritage Fund (KWHF)		Kytherian Prefa & Tavli Group	
Kytherian Youth Association (KYA)		Karavitiko	
Kytherian Genealogy		Kytherian Mums n Bubs	
Ball Committee		Library Volunteer	

**FOR OFFICE USE ONLY**

Date received..... Cheque / CC / Trybooking Amount: \$ .....

Processed by ..... Acceptance Letter date sent.....